



DEPARTMENT OF EARLY LEARNING
CHILD CARE CENTER CHECKLIST

| | |
|--------------------------------------|--|
| <input type="checkbox"/> Initial | <input type="checkbox"/> Full |
| Date: _____ | Date: _____ |
| <input type="checkbox"/> Relicensing | <input type="checkbox"/> Certification |
| Date: _____ | Date: _____ |

| | | | |
|---|----------------------|-------------------------------|---------------------|
| NAME OF CENTER | | | |
| STREET ADDRESS | | CITY | STATE ZIP CODE |
| CENTER TELEPHONE NUMBER | | CENTER FAX NUMBER | EMAIL ADDRESS |
| NAME OF EVALUATOR | | OFFICE | |
| CAPACITY | AGE RANGE through | DAYS OF OPERATION | |
| HOURS OF OPERATION A.M. through P.M. | | LICENSE EFFECTIVE DATES to | |

Mark appropriately: A: **APPLICANT** - To be completed by the applicant. I: **INITIAL** - To be completed by the licensor and health specialist for initial licensure. F: **FULL** - To be completed by the licensor and health specialist for full license.

NOTE: Shaded requirements to be completed by the health specialist on initial and initial to full, and by the licensor on relicensure.

| | |
|--|---|
| E = Exceeds minimum licensing requirements | D = Discussed |
| C = Compliance | P = Presumed compliance (no evidence to the contrary) |
| N = Noncompliance | W = Waiver or exception granted (Washington Administrative Code (WAC) 170-295-0050) |
| NA = Not applicable | |

1. LICENSING: WAC 170-295 A = APPLICANT I = INITIAL F = FULL

| 0040 | A | I | F | REQUIREMENT | 0060 | A | I | F | REQUIREMENT |
|------|---|---|---|--|------|---|---|---|---|
| | | | | <u>Requirements by outside agencies</u> Notification of letter to local planning office; date: | | | | | <u>DSHS licensing requirements</u> Attended licensing orientation; date: |
| | | | | Certificate of Occupancy; date: | | | | | Completed, submitted application on file; fees paid date: |
| | | | | Fire Marshall or Designee approval; date: | | | | | Completed criminal history; date: |
| | | | | Local ordinances addressed; date: | | | | | Completed visual comparison of the provider and the original photo identification |
| 0050 | | | | <u>Waiver to Minimum Licensing Requirements</u> Licensee has waiver(s); date: | 0080 | | | | Minimum 35 square feet per child of usable space; and minimum 50 square feet per infant or child using a crib |

2. STAFFING: WAC 170-295 A = APPLICANT I = INITIAL F = FULL

| 1010 | A | I | F | REQUIREMENT | 1080 | A | I | F | REQUIREMENT |
|------|---|---|---|--|------|---|---|---|--|
| | | | | <u>Center director qualifications</u> Center director meets requirements/ qualifications | | | | | <u>Orientation requirements</u> All employees and volunteers have been orientated |
| 1020 | | | | <u>Program supervisor qualifications</u> Program supervisor meets requirements/ qualifications | 1090 | | | | <u>Ongoing training requirements</u> All staff have regular ongoing training |
| 1030 | | | | <u>Lead teacher requirements</u> Lead teacher meets requirements/ qualifications | 1100 | | | | <u>CPR/First Aid requirements</u> CPR/First Aid requirements met |
| 1040 | | | | <u>Assistant requirements</u> Assistants/trainees meet requirements and qualifications | 1110 | | | | <u>HIV/AIDS/blood borne pathogen requirements</u> HIV/AIDS/blood borne pathogen requirements met |
| 1050 | | | | <u>Volunteer requirements</u> Volunteers meet requirements and qualifications | 1120 | | | | <u>Tuberculosis (TB) requirements for staff</u> TB testing requirements for all staff and volunteers met |

[illegible]

CHILD CARE CENTER CHECKLIST

| 3. PROGRAM: WAC 170-295 | | | | A = APPLICANT I = INITIAL F = FULL | | | | | |
|-------------------------|---|---|---|--|------|---|---|---|--|
| 2010 | A | I | F | REQUIREMENT | 2060 | A | I | F | REQUIREMENT |
| | | | | <u>Play materials, equipment, and activities</u> Children have adequate supply of accessible, culturally relevant, age-appropriate learning materials | | | | | <u>Night care</u> Evening/nighttime care meets physical and emotional needs of child |
| | | | | Children have a current daily schedule of activities and lesson plans that are developed to meet the children's developmental, cultural, and individual needs. | | | | | Staff ratio maintained |
| | | | | Include at least one activities daily for each of the following: Child initiated activity (free play) | 2070 | | | | <u>Offsite trips</u> Prior written parental consent is obtained for all off-site trips |
| | | | | Staff initiated activity (organized play) | | | | | Transportation arranged is safe |
| | | | | Creative expression | | | | | Seat belt/safety seats or child restraints available for each child |
| | | | | Group activity | | | | | Current liability and medical insurance |
| | | | | Quiet activity | | | | | Operator has valid driver's license |
| | | | | Large and small muscle activities | | | | | Driver or staff in vehicle/caravan has current first aid and CPR |
| | | | | Plan for smooth transitions by using transitions as a learning experience | | | | | First aid kit available |
| | | | | | | | | | Required safety equipment available |
| | | | | | 2080 | | | | <u>Parent communication (written)</u> Enrollment/admission |
| 2020 | | | | <u>Maximum allowable time discussed with provider</u> Children in care ten hours or less | | | | | Fee and any payment plan(s) |
| 2030 | | | | <u>Staff interaction with children</u> Staff interact frequently with children. Interactions are nurturing, supportive, and respectful. | | | | | Typical activity schedule/hours of operation |
| 2040 | | | | <u>Behavior management</u> Behavior management and discipline is based on child's need/development, and is fair, reasonable, and consistent with no corporal punishment. Any physical restraint method must be documented in an incident report, placed in the child's individual record, and a copy given to the parent. | | | | | Sign-in/sign-out requirements |
| | | | | | | | | | Child abuse reporting requirements |
| | | | | | | | | | Behavior management and discipline |
| | | | | | | | | | Non-discrimination policy |
| | | | | | | | | | Any religious activities |
| | | | | | | | | | Transportation and field trips |
| | | | | | | | | | Ill child practices |
| 2050 | | | | <u>Rest periods</u> Rest periods are offered to children needing rest | | | | | Medication management |
| | | | | Quiet activities for children not needing rest | | | | | Disaster preparedness plans |
| | | | | Children 29 months of age or younger follow individual sleep schedule | | | | | Diapering, toilet training and feeding, if applicable |
| | | | | | | | | | Other |

CHILD CARE CENTER CHECKLIST
3. PROGRAM (CONTINUED): WAC 170-295
A = APPLICANT I = INITIAL F = FULL

| | | | | | | |
|-----------------------------|--|---------------|--------------------|-----------------|--------------------|---------|
| 2090 | <u>Staff ratios and group size</u> Staff ratios are within requirements: | | | | | |
| STAFF RATIOS AND GROUP SIZE | | | | | | |
| ROOM/GROUP NAME | AGE OF CHILDREN | MAXIMUM RATIO | MAXIMUM GROUP SIZE | NUMBER OF STAFF | NUMBER OF CHILDREN | REMARKS |
| | One month - 11 months | 1:4 | 8 | | | |
| | 12 months - 29 months | 1:7 | 14 | | | |
| | 30 months - five years | 1:10 | 20 | | | |
| | Five years - 12 years | 1:15 | 30 | | | |

| | | | | | | | | | |
|------|---|---|---|---|------|---|---|---|---|
| 2090 | A | I | F | REQUIREMENT Children are within continual visual and auditory range | 2120 | A | I | F | REQUIREMENT Read and talk to them daily |
| 2110 | | | | <u>Children and food preparation</u> Children supervised during food preparation activities | | | | | Daily indoor opportunities for freedom of movement |
| | | | | Kitchen safe for children | | | | | |
| 2120 | | | | <u>Infant and toddler program requirements</u> Safe environment | | | | | Not leave them in car seats once they arrive at the center |
| | | | | Learning and play materials: Social development | | | | | Not to be left in playpens for extended periods of time |
| | | | | Intellectual ability | | | | | Talk to and interact with each infant and toddler |
| | | | | Language development and communication | | | | | Hold and cuddle infants and toddlers |
| | | | | Self-help skills | 2130 | | | | <u>Outdoor play area</u> A safe outdoor or equivalent play area is provided Square footage of outdoor play area: <hr/> MINIMUM 75 SQ FT PER CHILD |
| | | | | Sensory stimulation | | | | | Outdoor or equivalent play area used daily |
| | | | | Large muscle development | | | | | A variety of age appropriate outdoor play equipment is provided: Climbing |
| | | | | Small muscle development | | | | | Pushing and pulling |
| | | | | Creative expression | | | | | Balancing |

CHILD CARE CENTER CHECKLIST

3. PROGRAM (CONTINUED): WAC 170-295

A = APPLICANT I = INITIAL F = FULL

| 2130 | A | I | F | REQUIREMENT | 2130 | A | I | F | REQUIREMENT |
|------|---|---|---|------------------|------|---|---|---|--|
| | | | | Riding | | | | | Protective surfacing |
| | | | | Equipment design | | | | | Documentation of maintenance of playground equipment |

4. AGENCY PRACTICES: WAC 170-295

A = APPLICANT I = INITIAL F = FULL

| 6010 | A | I | F | REQUIREMENT | 6040 | A | I | F | REQUIREMENT |
|------|---|---|---|---|------|---|---|---|--|
| | | | | <u>Discrimination</u> Center complies with state and federal nondiscrimination laws, including the American with Disabilities Act. | | | | | <u>Child abuse and neglect</u> Children are protected from child abuse and neglect per Chapter 26.44 RCW |
| 6020 | | | | <u>Religious activities</u> Center has policy describing religious policy and procedures | 6050 | | | | <u>Prohibited substances</u> When children are present, including in vehicles, no adult or staff, parent, and/or volunteer consumes alcohol or illegal drugs |
| 6030 | | | | <u>American Indian children</u> If five percent or more of the children are American Indian, special consultants are used to meet their needs, develop resources and train staff. | | | | | When children are present, including in vehicles, no adult or staff, parent, and/or volunteer smokes |
| | | | | | 6060 | | | | <u>Access</u> Parents have unsupervised access to only their own child |

5. RECORDS, REPORTING, AND POSTING: WAC 170-295

A = APPLICANT I = INITIAL F = FULL

| 7010 | A | I | F | REQUIREMENT | 7050 | A | I | F | REQUIREMENT |
|------|---|---|---|--|------|---|---|---|---|
| | | | | <u>Children's files</u> Confidential files on premises for each child in care includes: | | | | | Blood borne pathogen training (including HIV/AIDS) |
| | | | | Registration data | | | | | STARS training |
| | | | | Health history/individual child care plan | | | | | Child abuse and neglect |
| | | | | Medications given | | | | | Food handler cards (if applicable) |
| | | | | Authorizations | | | | | CPR/First Aid |
| | | | | Copies of illness or injury reports | | | | | Tuberculosis (TB) testing |
| | | | | Certificate of immunization status (CIS) | | | | | |
| 7020 | | | | <u>Immunizations</u> Meets requirements | 7060 | | | | <u>Illness and injury reporting</u> Immediate reports of death or serious injury is made to the proper person/agency (oral and written) |
| 7030 | | | | <u>Attendance records</u> Daily attendance records with signature on file | | | | | Suspect child abuse/neglect or exploitation |
| 7040 | | | | <u>Licensing information</u> Program records on premises for parents to review include: current child care center checklist/facility licensing agreement, monitoring checklist/facility-licensing agreement. | | | | | Food poisoning or communicable disease |
| 7050 | | | | <u>Personnel records and policies</u> Employment application | 7070 | | | | <u>Circumstantial reporting requirements</u> Change of address, location, space, or telephone number |
| | | | | Criminal history background inquiry | | | | | Change of ownership, chief executive, director, program supervisor |
| | | | | Photo copy of social security card | | | | | Change of number/age of children |
| | | | | Written documentation of training and staff meetings to include: | | | | | Plans for major remodeling |
| | | | | Staff orientation | | | | | Fire/damage to structure |

CHILD CARE CENTER CHECKLIST

| 5. RECORDS, REPORTING, AND POSTING (CONTINUED): WAC 170-295 | | | | | | | | | | A = APPLICANT I = INITIAL F = FULL | | |
|---|---|---|---|--|------|---|---|---|--|------------------------------------|--|--|
| 7080 | A | I | F | REQUIREMENT | 7080 | A | I | F | REQUIREMENT | | | |
| | | | | <u>Posting requirements</u> Post notification to parents stating that licensing information is available for their review. Information to be made available includes: 1) copies of recent licensing checklist and compliance agreement for any deficiencies; 2) copies of recent monitoring checklist; and 3) compliance agreement for any deficiencies. | | | | | Emergency telephone numbers | | | |
| | | | | Written lesson plans | | | | | Nondiscrimination poster | | | |
| | | | | A list of staff names | | | | | Items posted for staff include: | | | |
| | | | | Typical activity schedule and operating hours | | | | | Food allergies posted | | | |
| | | | | Meal and snack menus | | | | | Dietary and nutrition requirements for particular children | | | |
| | | | | Evacuation plans and diagram | | | | | Hand washing practices | | | |
| | | | | | | | | | Diaper changing procedures | | | |
| | | | | | | | | | Center policies and procedures | | | |
| | | | | | | | | | Health Care policy | | | |
| | | | | | | | | | Disaster plan | | | |
| 6. HEALTH AND NUTRITION: WAC 170-295 | | | | | | | | | | A = APPLICANT I = INITIAL F = FULL | | |
| 3010 | A | I | F | REQUIREMENT | 3040 | A | I | F | REQUIREMENT | | | |
| | | | | <u>Health policies and procedures</u> Reviewed, signed and dated by RN, PA, or MD Name and date: | | | | | <u>Hand washing procedure for children</u> Warm, running water and soap present | | | |
| | | | | Cleaning and sanitizing procedures | | | | | Hands washed at required times | | | |
| | | | | Communicable disease reporting requirements | 3050 | | | | <u>Medication requirements</u> ADA/reasonable accommodation issues addressed | | | |
| | | | | Minor injuries | 3060 | | | | <u>Medication management</u> Written permission from parent/physician if required | | | |
| | | | | First aid | | | | | Consent form documentation | | | |
| | | | | Medical emergencies | 3070 | | | | <u>Medication storage</u> Original container/labeling requirements met | | | |
| | | | | Medication management | | | | | Medication stored inaccessible to children | | | |
| | | | | Hand washing | | | | | Internal and external medication stored separately | | | |
| | | | | Disaster response | | | | | Medication refrigerated if indicated | | | |
| | | | | Food handling | 3080 | | | | <u>Bulk medications</u> Written consent from parent | | | |
| | | | | Nutrition | 3090 | | | | <u>Leftover medications</u> Return to parent/disposed | | | |
| | | | | Care of children with needs | 3100 | | | | <u>Self administering of medication</u> Written consent from parent/health care provider | | | |
| | | | | Care of infants | | | | | Staff observation/documentation | | | |
| | | | | SIDS | 3110 | | | | <u>Medication equipment</u> Measuring device provided by parent | | | |
| | | | | Exclusion/readmission policy | 3120 | | | | <u>Medication documentation</u> Name, date, time, type, and amount documented in record | | | |
| 3020 | | | | <u>Hand washing procedures for staff</u> Warm, running water and soap present | | | | | Record validated by staff | | | |
| | | | | Hands washed at required times | 3130 | | | | <u>Medication administration</u> Qualified staff administering medication | | | |
| 3030 | | | | <u>Infectious disease prevention</u> Children screened daily for signs of illness | | | | | | | | |
| | | | | Exclusion policy available | | | | | | | | |
| | | | | Illness/injury documentation | | | | | | | | |
| | | | | Parent notification of infectious disease exposure | | | | | | | | |
| | | | | Reportable disease list available | | | | | | | | |

CHILD CARE CENTER CHECKLIST
6. HEALTH AND NUTRITION (CONTINUED): WAC 170-295
A = APPLICANT I = INITIAL F = FULL

| 3140 | A | I | F | REQUIREMENT | 3200 | A | I | F | REQUIREMENT |
|------|---|---|---|---|------|---|---|---|---|
| | | | | <u>Fluid dairy requirements</u> Pasteurized milk/milk products | | | | | Labeled and dated containers/stored off the floor |
| | | | | Minimum content fat | | | | | Food stored in a sanitary manner |
| 3150 | | | | <u>Meal and snack requirements</u> Minimum servings met | | | | | Freshness/manufacturers expiration date checked |
| 3160 | | | | <u>Nutrition</u> Foods/snacks served meet nutritional requirements | 3210 | | | | <u>Safe thawing</u> Foods thawed in refrigerator (preferred) |
| | | | | Menus recorded and posted | | | | | Sink method |
| | | | | Food allergy/special menu requirements addressed | | | | | Microwave process |
| 3170 | | | | <u>Food handler training</u> Food handler card(s) current | 3220 | | | | <u>Kitchen equipment</u> Good repair, properly sealed without chips or cracks |
| 3180 | | | | <u>Food safety</u> Food originated/prepared from an approved source | | | | | Moisture resistant |
| | | | | | | | | | Clean and sanitary condition |
| | | | | | | | | | Range properly vented |
| 3190 | | | | <u>Food surveillance</u> Thermometer present for each refrigerator/freezer unit | | | | | Dishwashing procedures |
| | | | | Food stored at proper temperature | 3220 | | | | Handwashing facilities available and adequate |
| | | | | Food cooked to proper temperatures | | | | | Refrigerator/freezer defrosted and properly maintained |
| | | | | Food held at proper temperatures | 3230 | | | | <u>Eating and drinking equipment</u> Durable eating utensils |
| | | | | Leftover foods labeled and dated | | | | | Developmentally appropriate |
| | | | | Temperature record maintained if required | | | | | Drinking fountains inclined, water pressure adequate |
| 3200 | | | | <u>Food storage</u> Original or labeled containers | | | | | Drinking fountains not located in sinks |

7. CARE OF YOUNG CHILDREN: WAC 170-295
A = APPLICANT I = INITIAL F = FULL

| 4010 | A | I | F | REQUIREMENT | 4050 | A | I | F | REQUIREMENT |
|------|---|---|---|---|------|---|---|---|---|
| | | | | <u>Age requirements</u> Infant(s) more than one month of age | | | | | Frozen breast milk stored no more than two weeks in center |
| 4020 | | | | <u>Nutritional needs of infants</u> Written policy to include: Providing nutritional needs | 4060 | | | | <u>Cleaning and sanitizing bottles/nipples</u> Clean and sanitize in dishwasher/wash, rinse, and boil for one minute. |
| | | | | Developmental stage guidelines used | | | | | |
| 4030 | | | | <u>Bottle preparation</u> Bottles prepared in a sanitary manner | 4070 | | | | <u>Infant/toddler feeding</u> Bottle feeding practices appropriate |
| 4040 | | | | <u>Infant formula and food storage</u> Bottles/food labeled with full name and date bottle was filled | | | | | Infants/toddlers should be fed according to their need rather than an adult prescribed time |
| | | | | Contents of any bottle not consumed within an hour discarded | | | | | |
| | | | | Infant formula within manufacture's expiration date | | | | | Hold infants for bottle feedings to prevent choking |
| | | | | Bottle nipples covered when not in use | | | | | |
| | | | | Unserved bottles refrigerated when not in use | | | | | No propped bottles |
| 4050 | | | | <u>Breast milk storage</u> Contents labeled and dated | | | | | |
| | | | | Frozen breast milk stored at 10F or less | | | | | |

CHILD CARE CENTER CHECKLIST

| 7. CARE OF YOUNG CHILDREN: WAC 170-295 | | | | | | | | | | A = APPLICANT I = INITIAL F = FULL | | |
|--|---|---|---|---|------|---|---|---|---|------------------------------------|--|--|
| 4070 | A | I | F | REQUIREMENT | 4100 | A | I | F | REQUIREMENT | | | |
| | | | | Place infants who can sit in a high chair or appropriate child-sized table for feeding and staff sit facing the child during feeding | | | | | Bedding is laundered weekly or before use by another child | | | |
| | | | | | | | | | Bumper pads, quilts, pillows not in use | | | |
| | | | | | 4110 | | | | <u>SIDS policy</u> Infants placed on back while sleeping unless health care provider requests another sleeping position | | | |
| 4080 | | | | <u>Toilet training</u> Initiated with parents consent | 4120 | | | | <u>Diaper changing</u> Diaper changing area impervious to moisture and cleanable | | | |
| 4090 | | | | <u>Potty chairs</u> Located in area designed for toileting | | | | | Diaper changing area adjacent to sink | | | |
| | | | | Potty chair/designated sink cleaned/sanitized after each use | | | | | Diaper changing area cleaned/sanitized after each use | | | |
| 4100 | | | | <u>Infant nap and sleep equipment</u> Nap and sleep equipment appropriate | | | | | Soiled diapers disposed in covered containers | | | |
| | | | | Equipment easily cleaned and sanitized | 4130 | | | | <u>Nurse consultant</u> Nursing consultation (if required) is documented | | | |
| | | | | Adequate space between sleeping equipment or approved barriers end to end | 4140 | | | | <u>Clothing</u> Additional clothing available | | | |
| 8. SAFETY AND ENVIRONMENT: WAC 170-295 | | | | | | | | | | A = APPLICANT I = INITIAL F = FULL | | |
| 5010 | A | I | F | REQUIREMENT | 5030 | A | I | F | REQUIREMENT | | | |
| | | | | <u>First aid supplies</u> First aid supplies adequate and conform with center policies | | | | | <u>Disaster plan</u> Includes written policies for required procedures | | | |
| | | | | Syrup of ipecac Expiration date: _____ | | | | | Plan annually reviewed and signed by director, staff, and parents | | | |
| 5020 | | | | <u>General safety, maintenance, and site</u> Free from hazards: (burns, drowning, choking, cuts, falls, pinches, poisons, crush, trap, trip) injury hazards | | | | | Monthly fire drill evacuation conducted/ documented | | | |
| | | | | Child height handrails | 5040 | | | | Quarterly disaster training conducted/documentated | | | |
| | | | | Guardrails for stairs/elevated play areas | | | | | <u>Cleaning and sanitizing</u> Includes written policies for required procedures | | | |
| | | | | Electrical outlets protected with tamper-resistant receptacles or covers | | | | | Building maintained in a clean/sanitary manner | | | |
| | | | | Shielded lights and tubes | | | | | Equipment maintained in a clean/sanitary manner | | | |
| | | | | Windows screened (if applicable) | | | | | Premises maintained in a clean/sanitary manner | | | |
| | | | | Shielding heaters (if applicable)/portable heaters prohibited | | | | | Premises free from rodents, insects, and other pests | | | |
| | | | | Entrance/exit doors monitored | | | | | Approved sanitizing/disinfectant solution | | | |
| | | | | Telephone accessible to staff | | | | | | | | |
| | | | | Flashlight/emergency lighting device | | | | | | | | |

CHILD CARE CENTER CHECKLIST
8. SAFETY AND ENVIRONMENT (CONTINUED): WAC 170-295
A = APPLICANT I = INITIAL F = FULL

| 5050 | A | I | F | REQUIREMENT | 5100 | A | I | F | REQUIREMENT |
|------|---|---|---|---|------|---|---|---|---|
| | | | | <u>Water activities</u> | | | | | Paper towels or drying device |
| | | | | Pools inaccessible to children when not in use | | | | | Bathing facility inaccessible to children when not in use |
| | | | | Swimming pool/certified life guard present | 5110 | | | | <u>Laundry requirements</u> |
| | | | | Hot tub, spa, small wading pools, whirlpools not allowed | | | | | Access to laundry facility (on or off site) |
| | | | | Water tables/water play containers cleaned and sanitized after each use | | | | | Laundry sanitized by temperature or chemical |
| 5060 | | | | <u>Storage of maintenance and janitorial supplies</u> | | | | | Soiled laundry stored separately |
| | | | | Toxic materials and cleaning supplies stored inaccessible to children | | | | | Laundry equipment is inaccessible to children |
| | | | | Stored to comply with fire safety/department regulations | 5120 | | | | Dryer vented to outside of building |
| | | | | Floor surfaces moisture impervious and easily cleanable | | | | | <u>Sleep and nap equipment</u> |
| | | | | Designated sink available for disposal of wastewater | | | | | Nap equipment appropriate |
| | | | | Mop storage ventilated to outside | | | | | Bedding is laundered weekly or before use by another child |
| 5070 | | | | <u>Water supply</u> | 5140 | | | | <u>Storage space requirements for children</u> |
| | | | | Water supply approved by health authorities | | | | | Accessible individual storage space available for each child |
| | | | | Hot water temperature (85F to 120F) | 5150 | | | | <u>Ventilation and temperature requirements</u> |
| 5080 | | | | <u>Sewage and liquid wastes</u> | | | | | Temperature at least 68F to 75F in winter and 68F to 82F in summer |
| | | | | Sewage system approved by health authorities | | | | | Ventilation adequate |
| 5090 | | | | <u>Fence requirements</u> | 5160 | | | | <u>Pesticides</u> |
| | | | | Safe, secure, maintained in good repair, designed to prevent entrapment and discourage climbing | | | | | Comply with the licensing requirements of the Pesticide Application Act |
| 5100 | | | | <u>Toilets, hand washing sinks, and bathroom requirements</u> | | | | | A copy of pesticide policy provided for review to include posting and notification requirements |
| | | | | Toilets vented to outdoors | | | | | Plan reviewed annually or on enrollment to parents |
| | | | | Flooring is moisture resistant and washable | 5170 | | | | <u>Animals</u> |
| | | | | One toilet and one adjacent hand washing sink per 15 toilet-using children | | | | | Parents notified of potential health risks of animals in writing |
| | | | | Urinals do not replace more than one third of required toilets | | | | | Hand washing signs in areas where pets are housed |
| | | | | Soap and toilet dispenser with constant supply of toilet paper available | | | | | Pet containers or cages adequate |
| | | | | Toilet/hand washing sink height appropriate | | | | | Pet containers, cages, and litter boxes cleaned and sanitized as appropriate |
| | | | | Hand washing sink located in or immediately outside of each toilet room | | | | | Animals not present in infant and toddler rooms |
| | | | | | | | | | Animals not present in food preparation areas |
| | | | | | | | | | Current rabies vaccinations for all dogs and cats on file |

[illegible]

| | | |
|--|--|------|
| <input type="checkbox"/> Initial Inspection | Compliance agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No | DATE |
| | LICENSOR'S SIGNATURE | DATE |
| | HEALTH SPECIALIST'S SIGNATURE | DATE |
| | LICENSEE'S SIGNATURE | DATE |
| <input type="checkbox"/> Initial to Full Inspection | Compliance agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No | DATE |
| | LICENSOR'S SIGNATURE | DATE |
| | HEALTH SPECIALIST'S SIGNATURE | DATE |
| | LICENSEE'S SIGNATURE | DATE |
| <input type="checkbox"/> Relicensing Inspection | Compliance agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No | DATE |
| | LICENSOR'S SIGNATURE | DATE |
| | HEALTH SPECIALIST'S SIGNATURE (WHEN REQUESTED BY LICENSOR) | DATE |
| | LICENSEE'S SIGNATURE | DATE |